



APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD

State Form 49607 (R / 6-03)

Approved by State Board of Accounts, 2003

INDIANA STATE DEPARTMENT OF HEALTH

BIRTH RECORDS IN THE STATE VITAL STATISTICS' OFFICE BEGAN WITH 1907. Prior to 1907, records of birth are filed **ONLY** with the local health department in the county where the birth actually occurred.

FEES ARE ESTABLISHED BY LAW (IC 16-37-1-11 and IC 16-37-1-11.5). Each search for a record costs \$10.00. The fee is non-refundable. Included in one search is a 5-year period: the reported year of birth and, if the record is not found in that year, the 2 years before and after. A certified copy of the record, if found, is included in the search fee. Additional copies of the same record purchased at the same time are \$4.00 each. Amendments made to record are an additional \$8.00.

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (*i.e., photocopy of driver's license, work identification card, etc.*). Birth requests sent without proper identification will be sent back to the requester without processing. Please complete all items below as required pursuant to IC 16-37-1-10 (a):

Full name at birth

Could this birth be recorded under any other name? If yes, please give name

Has this person ever been adopted? If yes, please give name AFTER adoption

Place of birth: City

Place of birth: County

Name of hospital

Date of birth

Age last birthday

Full name of father (*If adopted, give name of adopted father*)

Full name of mother including maiden name (*If adopted, give name of adopted mother*)

Purpose for which record is to be used:

Your relationship to the person whose birth record is requested:

Total certificates:

Standard size: _____; Wallet size: _____

Total fee(s)

Delivery preference:

☐ Regular Mail

☐ Federal Express (*requires an additional Fed Ex fee*)

☐ Pickup

☐ Customer Waiting

Signature of applicant

Mailing address (*number and street, city, state, ZIP code*)

Daytime telephone number (*including area code*)

Today's date (*month, day, year*)

Send this application, check or money order payable to the Indiana State Department of Health, and a copy of your identification to: Vital Statistics, Indiana State Department of Health, PO Box 7125, Indianapolis, IN 46206-7125.

PRINT name and address of person to whom the certified copy is to be mailed if different than stated above.

Name

Mailing address (*number and street, city, state, ZIP code*)

FOR OFFICE USE ONLY

Date received (*month, day, year*)

Receipt number

Volume number

Certificate number

Application number

Initials of verifier

☐ Your fee of \$ _____ was received and is being held pending return of information requested.

☐ Please remit additional fee of \$ _____.

- A. The following individuals are eligible to receive a copy of a birth certificate:
1. Individual named on certificate (*18+ years. If under 18 years of age, signature, ID, and telephone number of parent or legal guardian must be provided.*)
 2. Mother of the individual named on the certificate.
 3. Father (*if named, married to mother or paternity established*) of the individual on the certificate.
 4. Grandparents, if the parents of the individual named on the certificate were married at the time of the birth.
 5. Any individual presenting Guardianship Papers on the individual named on the birth certificate.
 6. Brothers and sisters of the individual named on the birth certificate if both parties are over 21 years of age.
 7. Aunt or uncle of the individual named on the birth certificate if the parents of the individual named on the record were married at the time of birth.
 8. Spouse of the individual named on the record.
 9. Son, daughter, or grandchild (*21 years of age*) of the individual named on the birth certificate.
- B. The following information must be included in order for a search to be completed:
1. Full name, place, and date of birth, parents' full name, including mother's maiden name.
 2. Written signature of applicant.
 3. A photocopy of signature identification (*i.e., driver's license*) of the applicant. Do not send original identification by mail.
 4. Return address and telephone number of applicant.
 5. A check or money order payable to the Indiana State Department of Health for the correct amount required.
- C. Any additional questions may be directed to 317 / 233-2700.